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Case management at Naval Hospital Jacksonville: Pre-deployment outreach

by Marjorie Ingelsby
NH Jacksonville
Lead Case Manager

The NH Jacksonville Case Management team, led by Navy Medicine's 2010 Case Manager of the Year, Marjorie Ingelsby, believes successful outcomes are achieved by connecting with service members and their families across the deployment cycle and throughout the continuum of care. Understanding the challenges of deployment and the healing value of support systems, case managers work to promote readiness, resilience and autonomy within the client/family unit.

The command's pre-deployment brief for deploying service members and their families includes a case management presentation. It identifies each phase of the deployment cycle, notes common stressors and responses, and offers the case manager as the "constant" for the service member and family across the deployment cycle.

At the pre-deployment brief, case management presents these scenarios of how it can help:

- Pre-deployment, a service member may express concern about their family's healthcare. The case manager can connect with the family, coordinate healthcare needs and reassure the service member. The case manager can say, "We are here, we can help. Go do what you need to do and we'll take care of your family."
- During deployment, direct communication between the case manager and the service member and family nurtures a trusting relationship. The case manager can implement mitigating strategies in real time to support focus in the field and wellness at home.
- Post-deployment, skills that help service members on deployment can interfere with their abilities in ordinary situations back at home. The case manager can help the service member and family to set realistic expectations and develop reintegration plans.

This brief presents an opportunity for service members and their families to understand and connect with case management. Case management emphasizes its ability to help with planning for all phases of the deployment cycle. Good planning can positively impact individual readiness, family stability, unit readiness, cohesion and-- ultimately-- the ability to meet the mission.

For resources to implement these best practices, please contact Marjorie Ingelsby, Lead Case Manager, Naval Hospital Jacksonville, 2080 Child Street, Jacksonville Fla. 32214, (904) 542-9334, marjorie.ingelsby@med.navy.mil.

The Necessary Expense Doctrine

by CDR Jo Ann Blando, MSC, USN
MEDINSGEN Staff

The Government Accountability Office (GAO) established a *"necessary expense"* doctrine. This doctrine is described fully in Volume I, Third Edition, of "Principles of Federal Appropriations Law," (GAO Red Book) issued by GAO, Office of the General Counsel. This publication states, in part, that for an expenditure to be justified under the necessary expense theory, it must meet certain tests, including: "The expenditure must bear a logical relationship to the appropriation sought to be charged. In other words, it must make a direct contribution to carrying out either a specific appropriation or an authorized agency function for which more general appropriations are available (GAO Red Book, Volume I, Chapter 4, Section B.1.).

By projection, the necessary expense doctrine does not allow use of appropriated funds to purchase items or services that can be reasonably interpreted to meet personal convenience and are not for a necessary Governmental function. The Commanding Officer or cardholder, in consultation with budget officials and legal counsel, should make determinations in this area about questioned or questionable items or services.

Almost any listing of prohibited items of purchase is subject to exceptions. To quote the GAO Red Book

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"The Comptroller General has never established a precise formula for determining the application of the necessary expense rule. In view of the vast differences among agencies, any formula would almost certainly be unworkable. Rather, the determination must be made essentially on a case-by-case basis."

Naval Hospital Jacksonville Deployment Health Center (DHC)

by Tracy Hejmanowski
Naval Hospital Jacksonville
DHC Program Manager

The population served at NH Jacksonville's DHC includes mostly active duty Sailors (deploying in groups and as individual augments), as well as active duty and reserve Marines, active and reserve National Guard Soldier and Airmen and DoD civilians. Potential deployer's number around 15,000 for the region, stretching from Albany, Ga. to Key West, Fla. The DHC's staff includes a clinical psychologist (program manager), physician assistant and two medical assistants. Between 80 and100 pre- and post-deployer's pass through the DHC on a weekly basis, with greater numbers of returnees occurring intermittently, bringing the annual to 4,000 to 5,000 beneficiaries. Although referral statistics vary depending on the mission and area of responsibility of the deployed service member, approximately 25 percent of post-deployed personnel receive at least one medical referral (e.g., neurology, orthopedics, chiropractic, and neuropsychology) and at least 15 percent receive a referral for behavioral health care.

Administrative Process:
The DHC has evolved to ensure the most efficient and effective process of screening and referring its pre- and post-deployer's. Appointments are made in-house, rather than central appointing, for more efficient communication and provision of the members needs. All service members who are given an appointment are emailed information about what medical requirements need to be completed prior to the initial appointment and what to expect during all appointments. Also included are detailed instructions on how to complete the required online health assessment prior to seeing the provider for certification. The DHC physician assistant has developed several go-by forms by which the Expeditionary Combat Readiness Center (ECRC) checklist for individual augments was streamlined to cover all preliminary requirements for various theaters of operation.

Pre-Deployment:
The DHC thoroughly screens pre-deployer's (many of whom are in post-deployed status from previous boots-on-ground tours) through intensive review of medical records for identification of absolute and potential deployment-limiting factors due to medical conditions (both diagnosed and overlooked, such as hyperlipidemia and hypertension), treatment regimens, and theater of care contingencies. During their initial visit each deployer meets with a medical assistant or corpsman to initiate their visits to audiology, immunizations, laboratory, and specialists (if required to have waivers). Upon completion, they meet with the physician assistant to have their pre-deployment health assessment certified for suitability for deployment. Alternate deployer's are initiated in the pre-deployment screening as well, with the exception of immunizations until made the primary deployer. Of note is that NH Jacksonville DHC has maintained a remarkable zero percent return rate from Naval Mobilization and Process Sites (NMPS) secondary to in-depth record review and phone contact from the physician assistant with the processing sites for any service members who have complicated situations.

Post-Deployment:
Post-Deployment Health Assessments (PDHA) and Post-Deployment Health Reassessments (PDHRA) involves online assessment and a thorough review of exposure concerns, physical ailments occurring or made worse during deployment, and TBI symptoms. Post-deployer's complete the online PDHA in advance of their appointment with the provider and are tested for HIV and TB approximately 7-10 days in advance of their certification. Both PDHA and PDHRA-eligible service members complete a supplemental behavioral health assessment questionnaire to establish specific deployment-related experiences (e.g. indirect/direct fire, IEDs, death of comrades), transition and readjustment issues (e.g. others not understanding, feeling worn out, reactive to triggers), post-traumatic stress symptoms, medical and psychosocial concerns (to include family functioning, substance use, and exposure concerns), and general behavioral health symptoms. NH Jacksonville DHC has found this in-house adjunctive questionnaire to yield significantly more candid information from service members who did not indicate nearly as many concerns on their online assessments. Behavioral health treatment for transition issues typically takes place with the clinical psychologist, through individual treatment, group therapy, couples therapy, and classroom-style debriefs (post-operational retraining). The post-deployment screenings include targeted psychological education about operational stress, including the provision of written, video, and internet resources.

Tracking:
To ensure all NH Jacksonville active duty staff completed required PDHRAs the following have been implemented; all staff are required to check-in with the DHC upon first arrival to the command (as part of the command check-in sheet), as a part of the annual PHA process, prior to and upon return from deployment (as part of the POMI checklist), and prior to detaching from the command as a part of a PCS (to catch delinquent PDHRAs prior to relocation). The DHC maintains a database of all command staff who deploy, whether prior to or during their tour at the hospital and branch health clinics. The database is regularly cross-referenced with Plans Operations Military Intelligence and Human Resources departmental lists to ensure redundant checks. The database contains formulas to automatically populate in the database three dates; the 90-day, 135-day, and 165-day mark post-deployment, which in turn triggers

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read-receipt reminder emails for staff to contact the DHC for an appointment to complete their PDHRA. Staff members who have not contacted the DHC during the last two weeks of their PDHRA window are reported to their department head and director for noncompliance. As such, the DHC has assisted the command with maintaining a 100 percent compliance rate for the PDHRA via this aggressive tracking system.

Outreach:
The DHC takes a proactive stance to marketing available services and has developed a broad psychological education outreach program for teaching deployer's and their leadership about post-deployment stress reactions, through holding weekly informational briefs, seminars, trainings, and presentations to staff at the main base and branch clinics, to tenant command leadership and rank-and-file, to significant others and children of deployer's, to commands experiencing elevated rates of self-referrals for care, to staff involved in humanitarian missions and to the community of providers in the region. The physician assistant created and provided training to all regional Command IA Coordinators to improve the medical and small arms waivers processes.

Networking:
NH Jacksonville DHC is beginning to conduct its own in-house research and is participating as the primary site for a research protocol examining resilience among war fighters. NH Jacksonville DHC has also hosted a teleconference for its sister DHC clinical providers to discuss processes and trends among populations. The physician assistant is working with an NMPS to start a newsletter aimed at keeping sister DHCs and the NMPSs in regular communication regarding lessons learned improved processes and trend data. The DHC has strong collegial relationships with additional base resources, to include the Mental Health, Fleet and Family Support Services, Chaplaincy and Case Management.

Additional Activities:
NH Jacksonville DHC goes beyond its basic function of screening and referring deployer's with additional activities. Because the DHC recognized a significant gap in knowledge about psychological injury following deployment among the civilian provider community, the DHC has sponsored an annual multi-day conference with national subject matter experts who presented to TRICARE network providers, Military One Source clinicians, academic partners and other local civilian mental health providers. Additionally, to augment current therapeutic modalities available to deployer's, the DHC is creating an intensive day treatment program for post-traumatic stress disorder with on-base and volunteer assets, which will include augmentative therapeutic modalities such as art therapy, bereavement processing, and equine-assisted therapy. Furthermore, NH Jacksonville DHC has also helped to initiate a combat corpsmen peer support network at the command's hospital.

With its broad geographical footprint and diverse catchment population and relatively small staffing component, NH Jacksonville DHC goes above and beyond for its beneficiaries, who it considers to be the most deserving of the finest military medicine has to offer. The staff's tireless efforts to improve the culture and capability of post-deployment care is demonstrated by the process improvement initiatives, outreach programming and fundamental humanistic approach to caring for those who serve and sacrifice during operational deployments.

For additional information contact NH Jacksonville's DHC Program Manager and Physician, Tracy Hejmanowski, at (904) 542-3500, extension 8837.

Civilian Personnel Liaison Office Empowers Supervisors

by Aida Scanlon
Civilian Personnel Liaison Office Supervisor
Naval Hospital Jacksonville

A supervisor can be a catalyst to increased productivity that aligns to a command's strategic goals while supporting a positive work environment for team members. A supervisor can also cause costly mistakes for an organization. Empowering supervisors and managers with the resources, tools and guidance needed to successfully head up a team is an important job. For NH Jacksonville's team of four Civilian Personnel Liaison Office (CIV PERS) staff, they do everything possible to provide a strong foundation for the approximately 130 military and civilian supervisors so they can better develop their leadership styles. With NH Jacksonville's high military staff deployments (up to 15 percent) and the complexity of various rules, regulations and processes in place to properly handle personnel, the role of a supervisor is especially challenging, particularly when a person is new to the assignment.

NH Jacksonville's CIV PERS' approach to supervisory training builds on what is provided through the local Human Resource Office. The team has developed a series of customized briefings to address issues common to NH Jacksonville and to provide supervisors with a deeper understanding of the programs that affect all employees. They conduct an average of 40 on-site and VTC trainings a year for staff at the hospital and five branch health clinics located throughout Florida and Georgia, including:

- New Employee Orientation
- Conduct and Performance Based Problems
- Leave Administration
- Staffing/Recruiting Process
- Position Classification

- Position Management
- Performance Management
- Civilian Personnel for Department Heads
- Department Head Leadership Course

The education aimed at supervisors does not stop with the briefings. NH Jacksonville's CIV PERS' open-door policy allows for continued supervisory mentorship and guidance whenever needed. The team also alerts civilian employees about policy and program changes that may affect them and offers general trainings throughout the year to address policy changes and other timely topics such as the recent NSPS conversion to GS. The ultimate goal is to foster well-informed supervisors, and diffuse actions that could result in significant costs to command.
NH Jacksonville's CIV PERS efforts are paying off. The command boasts a low, 9 percent turnover of civilian staff of which most are separation are retirement from federal service.

Contact NH Jacksonville's CIV PERS Supervisor Aida Scanlon at (904) 542-9102 or mari.scanlon@med.navy.mil for more information.

Third Party Collections: Other Health Insurance

by Peggy Montgomery
Uniform Business Office Manager
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In 2008, the NH Jacksonville implemented an incentive program to reward clinics (within the hospital and all branch health clinics) that collect OHI information. For every DD2569 (OHI) form that a clinic collects, a certain dollar amount is added directly to their OPTAR each quarter. If the DD2569 identifies OHI, the dollar amount is higher. This helps clinics fund small equipment items out of their own OPTAR, and promotes a sense of ownership among staff. From 2007 to 2010, monies collected more than doubled, with an increase of $3.5 million.

Also in 2008, a Uniform Business Office staff member was placed at the hospital's off-site refill pharmacy, to capture OHI from patients who get medical care outside NH Jacksonville but fill prescriptions through the hospital's pharmacy system. As a result, collections increased by $2 million at the refill pharmacy. The program was expanded to a branch health clinic pharmacy in 2009, which has resulted in the doubling of monies collected at that location. Third Party Collections staff maintains metrics for each clinic, and the Director of Resource Management reports DD2569 collection (monthly) and incentive payouts (quarterly) to the Executive Steering Committee. Using this system the OHI program at NH Jacksonville has fully funded additional ER staff, new Radiology equipment, tools for virtual colonoscopy, a pediatric dosing system and dental equipment. All of which have benefited patients and their care.

As a result of all the positive financial gain and patient care impact, the command recently implemented mandatory annual OHI training for staff in the clinics, medical records and admissions. This training defines each staff member's role in identifying the opportunities to collect OHI information and equips staff to help patients complete the DD2569 form.

For resources to implement these best practices, please contact Peggy Montgomery, Uniform Business Office Manager, Naval Hospital Jacksonville, 2080 Child Street, Jacksonville Fla. 32214, (904) 542-7828 ext. 146, peggy.montgomery@med.navy.mil.

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